Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State

March 2004

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State

March 2004

For more information
or additional copies of this report, contact:

David Harrelson, Tribal and Disparities Contract Manager
Tobacco Prevention and Control Program
PO Box 47848
Olympia WA 98504-7848
360-236-3685
www.doh.wa.gov/tobacco

This document is available upon request in alternative formats:
1-800-525-0127 (for the hearing impaired, call 1-800-833-6388).

Mary C. Selecky
Secretary of Health

Acknowledgments

Cross Cultural Workgroup on Tobacco
American Lung Association
BREATHE Alliance
Center for Multicultural Health
Commission on African American Affairs
Confederated Tribes of the Colville Reservation
Korean Women's Association
My Service Mind
Northwest Communities Education Center/ KDNA Radio
Northwest Parish Nurse Ministries
Northwest Portland Area Indian Health Board
Seattle Indian Health Board
Snohomish Health District
Tacoma Pierce County Health Department
Verbena
Washington Association of Community and Migrant Health Centers
Washington Asian Pacific Islander Families Against Substance Abuse

Ira SenGupta (facilitator) – Cross Cultural Health Care Program

Mary C. Selecky – Washington State Secretary of Health
Patty Hayes – Assistant Secretary of Health, Division of Community and Family Health
Lincoln Weaver – Director, Office of Community Wellness and Prevention
Terry Reid – Manager, Tobacco Prevention and Control Program
David Harrelson – Tobacco Prevention and Control Program, Project Lead
Maria Gardipee – Department of Health Tribal Liaison and Multi-cultural Coordinator

This planning effort and plan resulted from a pilot project by the federal Centers for Disease Control and Prevention. Centers for Disease Control and Prevention Office on Smoking and Health staff provided leadership and technical support: Sharon Kohout managed the project and provided ongoing consultation on the strategic planning process, and Robert Robinson, PhD, provided valuable insights on understanding and addressing health disparities.

Contents

Overview

Tobacco is the leading cause of preventable death in the United States, killing more than 400,000 people nationwide and 8,000 Washington State citizens every year. Tobacco claims more lives than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires combined. More than 20 percent of Washington adults continue to use tobacco despite increasing knowledge about its harm. In addition to the deaths linked directly to tobacco use, an estimated 38,000 non-smokers die each year from exposure to secondhand smoke, making it a leading cause of preventable death.

The cost of the tobacco epidemic to Washington State is staggering: State health experts estimate that the medical costs of tobacco use and exposure are more than $1.5 billion annually.

Using funds from the Master Settlement Agreement (MSA) with the tobacco companies, the Washington Department of Health launched an expanded Tobacco Prevention and Control Program in July 2000, recognizing that it would take a coordinated, long-term effort to address the epidemic. The state program is based on four long-term goals established by the Centers for Disease Control and Prevention:

1. Prevent initiation by children and young people
2. Promote quitting among adults
3. Eliminate exposure to second-hand smoke
4. Identify and eliminate tobacco-related health disparities among populations

To reach these goals, the Tobacco Program identified strategies that could be implemented through various program components, including:

- **Community Strategies** – The department funds community-based efforts that allow local health departments, community-based organizations, and federally recognized tribes to plan, direct, and evaluate their own activities.
- **School Strategies** – Educational Service Districts are funded to coordinate efforts by local school districts to reduce tobacco use in grades 5-9.
- **Public Awareness Strategies** – The department funds a statewide advertising campaign to discourage youth from using tobacco products, encourage adults to use the Washington Tobacco Quit Line, and to educate about the dangers of secondhand smoke. The department also coordinates and supports media advocacy, social marketing strategies, and media literacy efforts to raise awareness of tobacco issues.
- **Cessation Strategies** – The department funds the toll-free Washington Tobacco Quit Line, and provides training for healthcare providers to help their patients quit.

- **Policy and Enforcement** – The department teaches community members and leaders ways to establish and enforce tobacco-free policies. Key policy priorities include reducing youth access to tobacco products and eliminating exposure to secondhand smoke.
- **Assessment and Evaluation** – The department gathers and uses data about various target populations to plan its activities. To ensure continued improvement in its approaches, the department also conducts ongoing evaluation of statewide and community-based programs and services.

The Tobacco Program also adheres to six guiding principles, established at the beginning of the program:

- Prevention and control activities will be based on science.
- All program activities will be consistent with the four overall goals for tobacco prevention and control outlined by the Centers for Disease Control and Prevention.
- Tobacco prevention funds within the plan will be kept as fluid and flexible as possible.
- The program initially will focus on three target populations: youth, adults who are interested in quitting, and pregnant women.
- Activities will build on Washington's existing tobacco prevention infrastructure.
- Maintain Washington's tobacco prevention partnerships

Eliminating Health Disparities

Tobacco use among certain socio-economic, racial, and cultural groups is significantly higher than for the general population. At the same time, these groups have less access to healthcare and other resources to prevent and treat tobacco-related diseases.

Tobacco-related health disparities are influenced by many factors, including the socio-economic status, geographic location, race and ethnicity, gender, sexual orientation, or disability of a population. The history, cultural beliefs, and country of origin of many racial/ethnic communities also affect tobacco-use rates. Tobacco companies have contributed to tobacco-related health disparities by using targeted political, marketing, and charitable-giving strategies to create long-term loyalty and demand for their products.

For the purposes of this document, the definition of health disparities is: Differences in disease and death rates between high-risk communities and the general population. These differences result from increased use of tobacco and limited access to healthcare and other services.

In 2001, the Tobacco Program received a $100,000 grant from the federal Centers for Disease Control and Prevention to develop short- and long-term strategies for reaching the program's fourth goal. The result was the *Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State.*

This plan to address tobacco-related health disparities was created by the Cross Cultural Workgroup on Tobacco. It creates a framework that encourages the program, its contractors, and high-risk communities to work together toward mutual goals using common strategies. Both the program and members of high-risk communities will use this plan to mobilize state and community leaders, policymakers, and public health systems to reduce the impact of tobacco use and secondhand smoke exposure within high-risk populations.

Cross Cultural Workgroup on Tobacco

The Tobacco Program convened the Cross Cultural Workgroup on Tobacco in April 2001 to identify innovative ways of eliminating tobacco use and second-hand smoke exposure in high-risk populations. The workgroup included organizations from culturally diverse populations, existing Tobacco Program contractors, and others working to address health disparities.

Members from six communities – African American, American Indian/Alaska Native, Asian American/Pacific Islander, Latino, sexual minority, and rural – conducted community assessments to better understand ongoing tobacco prevention efforts, and community structures and systems that might support future efforts. Assessments also identified potential barriers that might interfere with tobacco prevention and cessation efforts in each community.

The assessments were used to identify six critical issues that needed to be addressed to eliminate tobacco-related health disparities statewide:

- Lack of sustained funding
- Lack of outreach and access to programs and services
- Low priority of the tobacco issue in high-risk communities
- Institutional racism
- Lack of focused resources
- Tobacco companies' targeting of high-risk communities

The workgroup then developed three- to five-year goals to address the six critical issues. These goals established the structure for the *Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State.*

The strategic plan describes the activities the workgroup believes need to be implemented to achieve the fourth goal in the state's tobacco plan. It also reflects a belief that eliminating tobacco-related health disparities can only occur through greater parity, such as:

- Improved access to resources, programs, services and materials.
- Expanded opportunities to participate in planning and decision-making processes, and the ability to direct activities for a community from within the community.
- Greater reliance on "community experience" in addition to existing science and data.
- Inclusive partnerships between governmental agencies and community partners to utilize the strengths and resources of each.

Current Measures of Tobacco Use

Four primary data sources were used to identify current tobacco use rates and patterns of high-risk groups:

- Behavioral Risk Factor Surveillance System (BRFSS), 1987-2001 and January-June 2002 (preliminary)
- Washington State Birth Certificate Data, 1980-2001
- Pregnancy Risk Assessment Monitoring System (PRAMS), 1998-2000
- Washington State Healthy Youth Survey (HYS), 2002

The use of cigarettes among Washington adults remained essentially constant from the late 1980s to 1999, according to data from the BRFSS. There has been an approximately 8 percent decline in the number of adult smokers since just prior to the launch of the state's comprehensive tobacco control program in 2000.

In 1999 the prevalence of current smoking among Washington adults was 22.4 percent (± 1.7 percent) and preliminary data for 2002 indicate that 20.5 percent (± 1.8 percent) of Washington adults report current smoking.

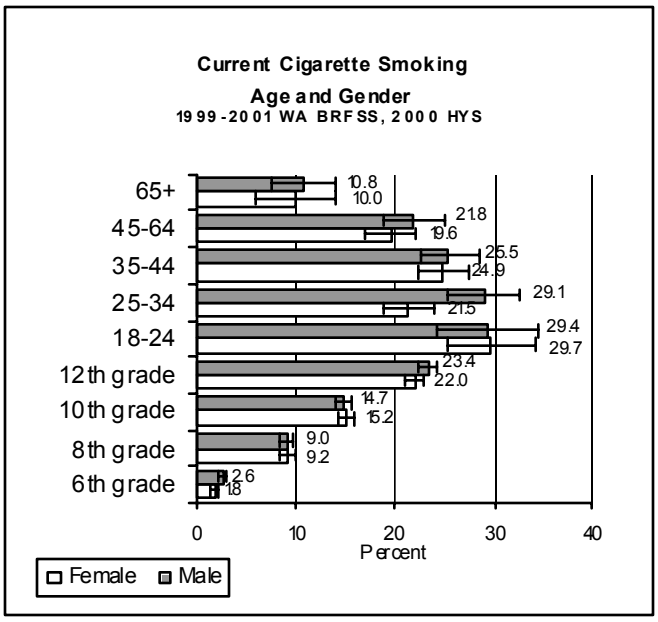
The HYS indicates that, among youth, cigarette smoking within the past 30 days increased throughout the 1990s, and declined sharply from peak levels in 1998 and 1999. In 2002, 15.0 percent (± 1.5 percent) of 10th graders and 22.7 percent (± 2.2 percent) of 12th graders reported current use of cigarettes.

Tobacco Use Disparities in Washington State

Geographic Variation
Washington BRFSS and HYS data did not show differences in current smoking among residents of urban, suburban, large town, and small town/isolated rural areas. PRAMS data are not available to describe urban and rural variations in tobacco use. However, birth certificate data (see technical note) from 1998-2000 combined indicated that among women giving birth at age 25 years and older, more women living in small town and isolated rural areas reported smoking during pregnancy than women in other areas.

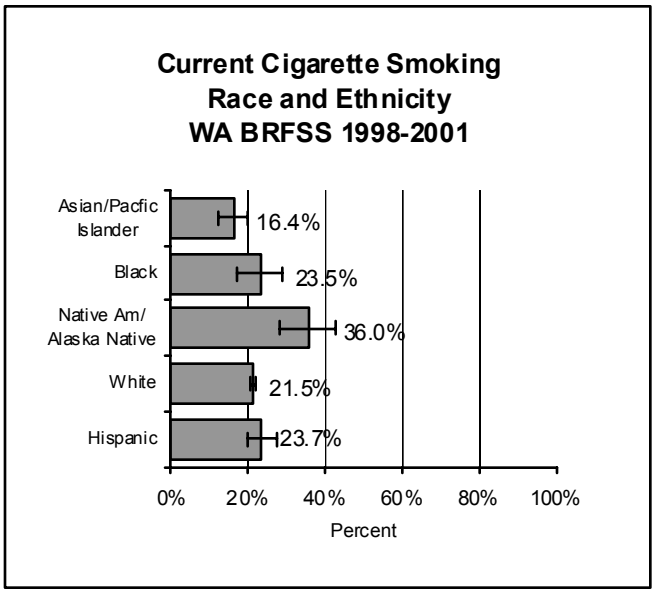
Age and Gender
Based on the 2002 HYS and combined BRFSS data from 1999-2001, the prevalence of current smoking increased from 6th through 12th grades, and then generally decreased with age after age 24.

PRAMS data from 2000 indicated that prevalence of smoking during the third trimester of pregnancy was highest among young mothers. Among mothers younger than 20, 39.2 percent (± 10.2 percent) had smoked during pregnancy, and among mothers age 20-24, 32.9 percent (± 7.3 percent) had smoked during pregnancy. In contrast, only about half as many mothers in older age groups had smoked during pregnancy.



Race and Ethnicity

BRFSS data indicated that Native Americans have the highest prevalence of cigarette smoking, followed by Hispanics, blacks, whites, and that Asian/Pacific Islanders had the lowest prevalence of smoking.



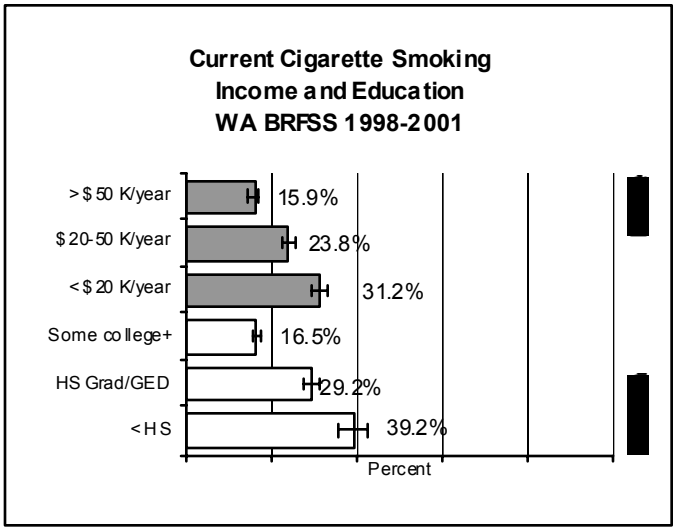
The comparatively low prevalence of current smoking among Asian/Pacific Islanders can be deceptive, however. There are significant cultural differences around tobacco among subpopulations within this group, and there are significant gender differences in tobacco use within these communities as well.

The low overall group prevalence probably masks high use rates among males within specific subgroups. *The King County Ethnicity and Health Survey* (1998) found that the prevalence of smoking among Korean and Vietnamese men was about 30 percent, while smoking among women in these same populations was about 4 percent.

HYS data indicate that the prevalence of youth smoking for all grades is highest among Native American youth, followed by Hispanics, blacks and whites, and was lowest among Asian/Pacific Islanders. For example, among 8th graders the smoking prevalence was 17.6 percent (± 3.3 percent) for Native American youth, 13.3 percent (± 3.0 percent) for Hispanics, 12.5 percent (± 3.6 percent) for blacks, 8.3 percent (± 1.2 percent) for whites, and 4.9 percent (± 2.0 percent) among Asian/Pacific Islander youth.

Income and Education

Increasing levels of education and annual household income are strongly associated with decreases in prevalence of current cigarette smoking.



PRAMS data from 2000 indicated that the prevalence of smoking among Medicaid recipients (low-income mothers) was 32.9 percent (± 5.2 percent), more than double that among non-Medicaid mothers. Data to describe the socioeconomic status of Washington youth who smoke are not currently available.

Other Measures

Smokeless Tobacco

In the 2001 BRFSS, 2.6 percent (± 0.6 percent) of Washington adults reported using smokeless tobacco in the past month. Among adult men, the prevalence of smokeless tobacco use was 5.1 percent (± 1.2 percent), while among women the prevalence of smokeless tobacco use was less than 0.2 percent. For 1999-2001, use of smokeless tobacco was lowest among those living in urban core areas (2.1 percent ± .4 percent), increased among residents of suburban and large town areas (3.0 percent ± 1.1 percent, and 4.3 percent, ± 1.3 percent, respectively), and was highest among residents of small town and isolated rural areas (5.9 percent ± 1.8 percent).

Cigars

In the 2000 BRFSS, 4.2 percent (± 0.6 percent) of Washington adults reported smoking cigars in the past month. For 1998-2000 combined, cigar smoking was highest among those living in urban areas (4.6 percent, ± 0.8 percent) and decreased to 1.7 percent (± 1.4 percent) in the small town and isolated rural areas.

Technical Note

Smoking During Pregnancy. Currently, delivering mothers in Washington are asked whether they smoked during their pregnancy (not during a specific time, such as third trimester), and responses are included on the birth certificate. A mother is classified as a smoker if she reports that she has smoked at some time during the pregnancy. Research has indicated significant under-reporting of this measure (up to 30 percent); however, if under-reporting is constant, differences – such as geographic patterns – in smoking rates are valid.

Assessment Findings

Communities Findings

Six communities – African American, American Indian, Asian American/Pacific Islander, Latino, sexual minority, and rural – conducted assessments to determine if tobacco prevention efforts were already underway, community infrastructure (organizations and systems) that might support future efforts, and potential barriers to implementation. Members of the Cross Cultural Workgroup on Tobacco from these communities conducted at least 10 interviews (telephone or in-person) with key individuals within their communities during the spring and summer of 2002. The assessments, while limited in scope, identified some important findings that must be considered in future planning:

- There has been a lack of sustained funding to address tobacco use in these communities. The lack of investment has inhibited communities from building capacity, establishing proven practices through research and evaluation, training community leadership, and implementing activities.
- High-risk communities vary in their readiness to coordinate and implement tobacco prevention and control activities. Most communities don't consider tobacco use and secondhand smoke exposure priority issues when they are facing many more acute issues. In part this is due to differences in community knowledge and awareness of the harmful effects of tobacco. Communities also varied in their involvement in and support for prevention programs.
- All communities surveyed indicated that there was a community infrastructure in place, including leadership, organizations, and individuals who could do or are doing tobacco prevention and cessation work. Communities could build on established relationships, such as faith-based organizations, and in some cases could use ethnic media to convey culturally and linguistically appropriate anti-tobacco messages.
- Funding was a primary and consistent need expressed by workgroup members. Other needs focused on capacity and resource development. Though surveyed communities suggested a variety of ways to solve these problems, they agreed that it was critically important to use a bottom-up approach for and by the community. High-risk communities said their strengths reside in the knowledge of their community and in their ability to develop culturally and linguistically appropriate materials and approaches to their community.

Department of Health Findings

An assessment of the state tobacco program by its staff revealed many assets that the program can use to address tobacco-related health disparities. It also revealed numerous internal and external barriers that would need to be overcome to be successful.

Assets

- The state's Tobacco Program is comprehensive, integrated, and adequately funded.
- There is strong public support for tobacco prevention and control efforts.
- There is a strong Department of Health commitment to providing a statewide tobacco prevention and control program.
- The Tobacco Program is willing to work collaboratively and innovatively to eliminate tobacco-related disparities.
- Addressing health disparities is becoming a national public health priority.
- The program has established a partnership with members of several high-risk communities through its Cross Cultural Workgroup on Tobacco.
- There is a strong Department of Health commitment to improve the cultural competency of its policies and programs.
- The Tobacco Program is already contracting with 26 of 29 federally recognized tribes.

External Barriers

- Future funding for the Tobacco Program is uncertain.
- Increased marketing by tobacco companies in high-risk communities
- Institutional biases
- Tobacco use and secondhand smoke exposure are low-priority issues among high-risk populations given the many other health and economic issues faced by these populations.
- High-risk communities have a poor understanding of tobacco issues and lack resources to increase awareness among their populations.
- Conflicting priorities between long-term sustainability and the immediate delivery of programs, services and materials
- Lack of tobacco prevention and cessation capacity within diverse and high-risk communities
- Lack of county and school contractors experienced in working with culturally diverse populations
- Lack of knowledge and data regarding diverse populations
- Lack of proven and culturally appropriate materials, programs, and strategies

Summary of Goals and Strategies

Goal 1 – Sustain and enhance commitment. The Tobacco Prevention and Control Program will sustain its long-term commitment and enhance its capacity to eliminate tobacco-related health disparities by:

- Developing and implementing strategies from the disparities strategic plan within each component of the Tobacco Program's strategic plan, annual work plans, and budgets.
- Improving the cultural sensitivity of data collection and evaluation systems, and program personnel.
- Sustaining open communication and collaboration with culturally diverse and high-risk populations.

Goal 2 – Increase community involvement, outreach, and access. The Tobacco Program will develop the knowledge, skills, and systems to mobilize communities and increase access to tobacco prevention and cessation services by:

- Providing funding and training to organizations within and/or serving diverse communities.
- Providing training and support to statewide systems and programs reaching out to and serving high-risk populations.

Goal 3 – Increase community awareness. The Tobacco Program's activities will help high-risk populations understand the dangers and risks associated with tobacco use and secondhand smoke exposure by:

- Supporting community efforts to raise awareness through media and community-based campaigns.
- Strengthening each community's ability to do this work for themselves.

Goal 4 – Improve cultural sensitivity. The Tobacco Program will improve the cultural appropriateness of its efforts by:

- Identifying, supporting, and implementing culturally appropriate tobacco prevention and cessation strategies.
- Establishing more culturally sensitive policies and procedures.
- Training staff and contractors to be sensitive to cultural differences when planning activities and/or working with diverse communities.

Goal 5 – Provide materials and services. The Tobacco Program will address the lack of tobacco prevention and cessation materials and services available in various languages and reflecting cultural differences by:

- Working with and funding communities to develop their own appropriate materials, programs, and services.
- Training community members and others to deliver culturally appropriate programs and services.

Goal 6 – Reduce tobacco company influence. The Tobacco Program will help high-risk populations resist tobacco industry marketing efforts by:

- Educating community members and leaders about tobacco industry tactics.
- Assessing where and how tobacco companies are targeting at-risk communities.
- Teaching "media literacy" to community members.

Goals and Strategies

The Cross Cultural Workgroup on Tobacco identified six critical issues that needed to be addressed to eliminate tobacco-related health disparities. Six major goals with associated strategies and objectives to address the issues were recommended by the workgroup.

Critical Issue 1: *Lack of sustained funding*

Goal 1 (3-5 years): *Sustain and enhance the Department of Health's current capacity to implement, support, identify and address tobacco-related health disparities across Washington State*

Strategies	Objectives
1.1 Ensure state funding for the tobacco prevention and control program is sustained for a period of 10 years.	**1.1.1** Finalize full version of Tobacco Prevention and Control Program report that describes results and clearly articulates the importance of sustained funding through 2008
1.2 Sustain tobacco program funding to identify and address disparities in communities and populations for a period of 10 years.	**1.2.1** Finalize a full version of Tobacco Prevention and Control Program report that describes ongoing results, and includes findings from work described in this plan **1.2.1** Complete a Washington version of the *Strategic Plan to Eliminate Disparities*, which documents the Tobacco Prevention and Control Program's commitment to sustained funding for high-risk communities as long as sustained funding is received by the program **1.2.3** Finalize a plan for disseminating the strategic plan to key state leaders and Department of Health management
1.3 Enhance the capacity of the Department of Health to assess and evaluate tobacco-related disparities in a culturally competent manner	**1.3.1** Develop a plan to increase capacity for culturally competent data collection among populations of disparity, including a description of implementation steps and remaining gaps in data collection **1.3.2** Establish Tobacco Prevention and Control Program benchmarks and goals for eliminating disparities in tobacco use
1.4 Enhance tobacco program staff and county and Educational Service District contractors' knowledge of the strategic plan and ways to implement this plan within each component of the state's tobacco plan.	**1.4.1** Provide at least one in-person training opportunity for Department of Health management and Tobacco Prevention and Control Program staff to learn about the strategic plan and lessons learned
1.5 Maintain ongoing communication and consultation with high-risk communities	**1.5.1** Convene an advisory committee of community members, organizations and agencies on Tobacco on at least a quarterly basis to seek guidance from high-risk communities

Critical Issue 2: *Lack of outreach and access to programs and services*

Goal 2 (3-5 years): *Create and sustain tobacco prevention capacity and opportunities to involve high-risk populations and the systems that serve them*

Strategies	Objectives
2.1 Provide funding to community-based organizations in high-risk communities to address tobacco issues.	**2.1.1** Establish contracts that provide funding to five communities to support the development of tobacco prevention capacity, infrastructure, and plans for their community
2.2 Provide training, technical assistance, and materials to help priority communities increase and sustain funding, and build capacity to plan, implement and evaluate outreach activities in their communities	**2.2.1** Provide training and technical assistance to newly-funded community contractors to recruit and train community-based coalitions/networks for planning **2.2.2** Train staff from each of the five funded communities to create a strategic plan for tobacco control **2.2.3** Each of five funded communities, with support from advisory boards or networks, will create a five-year plan to conduct campaigns that will mobilize their communities
2.3 Provide training, technical assistance, and materials to help statewide and local systems to support high-risk populations that are implementing tobacco control activities	**2.3.1** Provide at least one in-person training opportunity for tobacco program contractors to learn about the strategic plan and lessons learned **2.3.2** Conduct four conference calls for at least 10 Department of Health tobacco contractors with the purpose of educating these contractors about ongoing state and local efforts to address disparities, and how their programs can integrate efforts into their activities and practices that support ongoing efforts. **2.3.3** Involve the five funded communities in ongoing Tobacco Program conference calls, and Tobacco Prevention Resource Center trainings

Critical Issue 3: *Tobacco issues are not a priority in high-risk communities*

Goal 3 (3-5 years): *Increase awareness of the impact of tobacco use and exposure and the importance of tobacco prevention and cessation in high-risk populations*

Strategies	Objectives
3.1 Educate community leaders about the importance of tobacco issues as part of the Strategic Plan dissemination activities	**3.1.1** Each of five funded high-risk communities will create a dissemination plan for the document described in 1.2.1, including with measurable objectives for dissemination. **3.1.2** The Department of Health will provide supporting marketing materials (including tailored data summaries) to priority communities for sharing the strategic plan with community leaders **3.1.3** Priority communities will complete the implementation of their dissemination/marketing plans to meet objectives described in 3.1.1
3.2 Educate community members about the importance of tobacco issues, using public awareness strategies and media advocacy strategies that support themes of the strategic plan	**3.2.1** Create a media plan or plans for dissemination of public awareness strategies in each of the five priority communities (i.e., radio, newspapers, community events) **3.2.2** Train the five priority communities to use media advocacy strategies to disseminate culturally appropriate messages about tobacco prevention and cessation. **3.2.3** Implement public awareness strategies according to the plan(s) described in 3.2.1 that are appropriate in the five priority communities
3.3 Identify or develop community-specific social marketing or health education materials	**3.3.1** Create a list of existing, and describe need for additional, cultural and linguistically appropriate community education materials for each community. **3.3.2** Partner with communities to fill gaps in culturally appropriate health education materials, as identified in 3.3.1

Critical Issue 4: *Institutional racism*

Goal 4 (3-5 years): *Identify and implement culturally competent prevention, Intervention and treatment approaches*

Strategies	Objectives
4.1 Identify and promote best practices and promising approaches for culturally competent community-based activities	**4.1.1** Conduct an assessment of other states' community-based tobacco control programs to identify 'best' or 'promising' practices (depending on status of evaluation) **4.1.2** Modify the Tobacco Program's community work plan menus to incorporate recommendations about community-based activities for high-risk communities
4.2 Develop policies and procedures that support culturally competent approaches at the state level	**4.2.1** Evaluate or create plans to evaluate the cultural appropriateness and effectiveness of current state-level Tobacco Program activities, including the Tobacco Quit Line and media campaigns **4.2.2** Develop a plan for changing practices in Tobacco Program activities to make them more culturally competent **4.2.3** Assess internal policies and procedures of the state Tobacco Program for cultural competence, and produce a document with recommendations for improvement of policies and procedures **4.2.4** Tobacco Program staff will create a plan for policy and procedure changes recommended in 1.4.1, as feasible and approved by Department of Health management.
4.3 Provide cultural competency training to program staff, contractors, and community members.	**4.3.1** In consultation with the Cross-Cultural Workgroup on Tobacco, identify common gaps in knowledge about cultural competence among Tobacco Program staff, contractors, and community members **4.3.2** Conduct an assessment of the cultural competency of Tobacco Program and local contractor activities and provide cultural competency training

Critical Issue 5: *Lack of focused resources*

Goal 5 (3-5 years): *Develop and/or provide culturally and linguistically appropriate prevention and cessation materials, services, and other resources*

Strategies	Objectives
5.1 Enable staff in priority communities to implement, distribute and evaluate their own activities, programs, or materials	**5.1.1** Assess interest and need for training to deliver specific programs or activities among staff in newly funded priority communities. These may include media literacy programs, youth coalition activities or peer education programs, culturally tailored adult cessation programs that have been shown to be effective, or other programs. **5.1.2** Create a plan for providing training and resources for program implementation identified as most important in the assessment **5.1.3** Implement training described in the 5.1.2 plan
5.2 Provide training to existing healthcare programs that serve priority communities to deliver tobacco prevention, cessation and control resources and services	**5.2.1** On an ongoing basis, continue to train health care providers, First Steps/WIC, and chemical dependency counselors and community members within high-risk communities in the cessation brief intervention

Critical Issue 6: *Tobacco companies' targeting of high-risk communities*

Goal 6 (3-5 years): *Reduce the effectiveness of tobacco company targeting towards diverse communities*

Strategies	Objectives
6.1 Describe current tobacco industry advertising and promotional activities in high-risk populations	**6.1.1** The Department of Health will support communities to assess tobacco industry advertising and promotional activities currently occurring in each high-risk community/population
	6.1.2 The Department of Health will support communities to create assessment summaries that describe the burden of tobacco industry promotions in each community
6.2 Mobilize communities to develop and advocate for policies that eliminate tobacco advertising, promotions, and funding in high-risk populations.	**6.2.1** Each of the five priority communities will have met individually with five community leaders and provided those leaders with written and verbal summaries to describe information collected as part of the industry advertising assessment
	6.2.2 Each of five high-risk communities funded as part of this plan will have provided copies of model policies to ban or restrict tobacco industry advertising to at least five community policymakers, and advised those leaders about specific actions to take

Evaluation

The Tobacco Prevention and Control Program has an extensive evaluation plan that guides its ongoing assessment and evaluation of program activities. As the program begins to implement its *Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State*, efforts will be made to track the extent to which the vision (mission) and goals of the strategic plan are met. Specific outcome measures will be developed so progress may be continually monitored through formative, process, and outcome evaluation methods. Additionally, the program will strive to enhance its assessment and evaluation systems, as needed, to improve its effectiveness in addressing of tobacco-related health disparities across Washington State.

Dissemination of the Strategic Plan

The Department of Health will continue to convene and support the Cross Cultural Workgroup on Tobacco to sustain an ongoing dialog with high-risk communities on tobacco issues. The workgroup will help the department set future priorities and guide implementation of the strategic plan.

With the completion of the strategic plan, Cross Cultural Workgroup on Tobacco members will need to inform people within their communities about the plan and garner community support to mobilize against tobacco use and tobacco company influence. The workgroup has begun to identify strategies to achieve these ends. Workgroup members have identified the audiences they must reach, the best means of reaching those audiences, and the key messages for each audience.

Key Messages
The workgroup identified several important points to emphasize when disseminating the plan:

- Tobacco is an epidemic that needs to be stopped.
- Tobacco use is the number one cause of preventable death and secondhand smoke exposure is number three.
- Tobacco use affects health, more so in high-risk communities.
- Tobacco prevention and cessation must be addressed as part of a broader approach to health and wellness.
- Technical assistance and other support are available.
- It is important to use established media and other communication channels within each community to educate each community.

Community-Based Dissemination Methods
Communities need to inform all segments of their community, including legislators, consulates, faith-based organizations, and community-based organizations, among others. Each community will have its own way of achieving this goal. In some cases, the dissemination may be communicated most effectively through personal letters and meetings, and group presentations. Thus, the workgroup recognizes that individualized plans, developed by each community, will be the most successful.

Once community coalitions are formed, they will develop action plans that include informing their community of the strategic plan.

Dissemination by the Department of Health
The department will educate key state and local leaders, tobacco program contractors, advocacy groups, and the media about the strategic plan by developing materials to distribute via a variety of mechanisms, including:

- Tobacco Program Web site.
- Training workshops for staff and contractors.
- Presentations and briefings to department management.
- Internal newsletters.
- Quarterly conference calls with Tobacco Program contractors.
- Media outreach